SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-042075
STATE FILE NUMBER

AMENDED

Registration District No. 340 FILED DEC 7 1961 Primary Registration District No. 3058 Registrar's No. 292

1. PLACE OF DEATH a. COUNTY ST. CHARLES
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. CHARLES — Length of stay in 1b: 12 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION EVANGELICAL EMMAUS HOME — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE PENNSYLVANIA b. COUNTY
c. CITY OR TOWN ERIE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 230 W. 9th ST. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ALICE Middle: HELEN Last: KONNERTH
4. DATE OF DEATH Month: NOVEMBER Day: 30 Year: 1961.
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: APRIL 26, 1907
9. AGE (last birthday): 54
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOCTORS ASSISTANT
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JOHN J. KONNERTH
13b. MOTHER'S MAIDEN NAME: ELISA SIEGENTHALER
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Theophil Stoerner Address: ST. CHARLES, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to Nov. 30, 1961 and last saw her alive on Nov. 30, 1961
Death occurred at 8.00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W A Poggemeier (Degree or title) MD
22b. ADDRESS St Charles Mo
22c. DATE SIGNED Dec 1, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 4, 1961
23c. NAME OF CEMETERY OR CREMATORY: Erie Cemetery
23d. LOCATION (City, town, or county) (State): Erie County, Pa.
24. FUNERAL DIRECTOR: Donald C. Burton ADDRESS: Erie, Pa.
25. DATE RECD. BY LOCAL REG.: Dec 1-61
26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — BY AFFIDAVIT OF — ITEM NO.

DEC 12 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John C. Smith

Licensed Embalmer No. 5145

P. O. Address St. Charles, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.